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22581 U.S. PTO
10/758051
011404

PATENT

Attorney Docket No. **HW-6916**

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of Inventor(s): **Leif Einar Stern**

For (title): **DEVICE FOR DISCHARGE OR OUTFEED OF A PASTY PRODUCT,
PREFERABLY FOODSTUFF, FROM A CONTAINER**

Enclosed are:

1. Papers Required for Filing Date Under 37 CFR 1.53(b):

- 10 Pages of specification
- 1 Pages Abstract
- 8 Pages of claims
- 2 Sheets of drawing
- ☒ formal (Figs. 1-2)
- ☐ informal

In addition to the above papers there is also attached: **An Information Disclosure Stmt (2 pgs.);
PTO-Form 1449 (1 pg.); and ONE (1) reference**

CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this date **January 14, 2004** in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number **EU-712715715US** addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Anita J. Galo

(Type or print name of person mailing paper)

Anita J. Galo
(Signature of person mailing paper)

2. Declaration or oath:

- ☒ Enclosed (Executed)
☐ Not Enclosed.

3. Language :

- ☒ English
☐ Non-English
☐ A verified English translation of the
☐ specification and claims
☐ declaration
is attached.

4. Assignment:

- ☐ An assignment of the invention to _____

☐ is attached.
☐ will follow

5. Certified Copy:

Certified copy (ies) of application (s)

Sweden	0300063-5	15-Jan-03
(Country)	(Appln. No.)	(Filed)

(Country)	(Appln. No.)	(Filed)
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(Country)	(Appln. No.)	(Filed)
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from which priority is claimed

- ☐ is attached
☒ will follow

6. **Fee Calculation:**

(Small entity filing fee is 50% normal fee)

CLAIMS AS FILED				
Number Filed	Number Extra		Rate	Basic Fee
				\$ 770.00
Total Claims	21	-20 =	1 X \$ 18.00	18.00
Independent Claims	3	- 3 =	0 X \$ 86.00	0.00
Multiple dependent claim(s), if any			0 + \$290.00	0.00

- ☐ Amendment canceling extra claims enclosed
- ☒ Amendment deleting multiple dependencies enclosed
- ☐ Fee for extra claims is not being paid at this time

Filing Fee Calculation

\$788.007. **Small Entity Statement**

- ☐ The present application is being filed by or on behalf of a **small entity** as defined in 37 CFR 1.9 and 1.27 for purposes of paying reduced fees.

8. **Fee Payment Being Made At This Time:**

Enclosed:

- ☒ basic filing fee **\$788.00**
- ☐ assignment recordal fee \$ _____
- ☐ for processing an application with a specification in a non-English language \$ _____

Total fees enclosed**\$788.00**9. **Method of Payment Fees:**

- ☒ check in the amount of **\$788.00** enclosed.
- ☒ The Commissioner is hereby authorized to charge any **DEFICIENCY** in the filing fees for this application to our Deposit Account No. 20-0090.

10. **Instructions As to Overpayment:**

- ☒ refund

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SIGNATURE OF ATTORNEY, REG. NO. 36,029

James L. Tarolli
Type or print name of attorney